



THE AMERICAN LEGION

DEPARTMENT OF MASS, INC

STUDENT TROOPER PROGRAM APPLICATION 2008



QUALIFICATIONS:

This program is open to male or female high school students, 15 to 17 years old, in good academic standing. Applicants must be of good moral character and present a well-groomed appearance. Hair must be neatly trimmed (females-arranged) and males must be clean-shaven. Due to the rigorous training and physical stress involved in a para-military-type academy, those who require special diets or having special physical needs cannot be accepted. The Student Trooper Program is open to all regardless of race, color, religion, sex or nationality.

PERSONAL DATA *(Print or type)*

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City, State, Zip)

DATE OF BIRTH: _____ SEX: _____ HOME PHONE: _____

(Parent's Or Guardian's Name, Address And Phone Number)

(High School Attending)

(Applicant's Signature)

T-SHIRT SIZE(please check appropriate size):

Small _____ Medium _____ Large _____ X-large _____

Have you ever attended a previous Student Trooper Program? Yes____ No____

If yes, what year _____

MEDICAL INFORMATION:

A physical examination is required. A medical form requiring a doctor's signature will be sent to the applicant upon receipt of the application.

RELEASE OF LIABILITY:

The applicant, being given the opportunity to use certain equipment and facilities of the Massachusetts State Police Academy during the American Legion "Student Trooper Training Program", assumes all risks and liability pertaining to any activity pursuant to the program or that may arise during his/her participation in said program and hereby releases from such liability, the American Legion, the Massachusetts State Police, and the staff members performing the training. Persons attending the Student Trooper Program are responsible for any medical bills, including transportation costs, associated with any injuries or illnesses incurred while participating in the training program. In the event of disciplinary action, parents or guardians will be notified and be responsible for picking up their child, if necessary.

(Signature Of Applicant) (Date) (Signature Of Parent Or Guardian) (Date)

SCHOOL OFFICIAL CERTIFICATION:

I hereby certify that the above named student is in good standing and between ages of 15-17.

(Signature of School Official) (Name Of School) (Phone #) (Date)

American Legion Authorizing Post _____ District _____
To locate a post near you go to: www.masslegion.org , POST LOCATOR link

(Post Officials Authorizing Signature And Address)

(Name And Address Of Provider Of Sponsorship Fee)

Applications will not be accepted before April 1, 2008. This application, with the sponsoring fee check in the amount of **\$225.00**, must be received **before June 1, 2008**. Apply early as space is limited.

Make check payable to: **American Legion, Department of Massachusetts** and mark "Student Trooper" and student's last name in the bottom left-hand corner.

Mail "APPLICATIONS ONLY" to: Bill McCarthy, 11 Dickson Avenue, Arlington, MA 02474.
In the event the applicant is not accepted, the sponsorship fee will be returned to the provider.

Any questions, contact Mr. Bill McCarthy at 781-316-3166 or wmccarthy@town.arlington.ma.us

No refunds will be authorized for "no shows" or for a student leaving the program prior to its conclusion.

DATES: (Please state order of preference, 1 & 2): ☐ July 14 – 18, 2008
If only available for one week indicate that week ☐ July 28 – Aug 1, 2008

Required Equipment – A list of required equipment will be sent with the application packet.